

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38906

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1173
 City St. Louis (No. 3740, Lucky St.) St. Ward)

2. FULL NAME

Anna F. Tallis
 (a) Residence. No. 3740, Lucky St., 11 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Frank Tallis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	72	8	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) New York

10. NAME OF FATHER Philip Reiserleiter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Charles Hedges
 (Address) 3740 Lucky St.

15. FILED 27 1928 May Chas Hedges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1928, to Nov 26, 1928 that I last saw him alive on Nov 26, 1928, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Robert Pharesman
59
104 (direction) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus
 (duration) ? yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
 (Signed) [Signature] M. D.
 (Address) 2743 N. Lomb

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Memorial Park Cem 11-28 1928

20. UNDERTAKER ADDRESS

Leo L. Reitsch 5966 Easton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

